



**THE JAMAICA ASSOCIATION OF GUIDANCE COUNSELLORS IN EDUCATION
MEMBERSHIP APPLICATION FORM**

Photo

ANNUAL MEMBERSHIP FEE \$ 6000

I, THE UNDERSIGNED HEREBY APPLY FOR MEMBERSHIP IN THE JAMAICA ASSOCIATION OF GUIDANCE COUNSELLORS IN EDUCATION AND PLEDGE, IF ACCEPTED, TO ABIDE BY, AND OBSERVE THE RULES AND BY-LAWS OF THE ORGANIZATION AT ALL TIMES.

1. TYPE OF MEMBERSHIP:

- ☐ ORDINARY ☐ RETIREE ☐ ASSOCIATE

2. SURNAME:

3. CHRISTIAN NAME:

4. DATE OF BIRTH: TRN#:

5. HOME ADDRESS.....

..... TELEPHONE NO.

6. E-MAIL ADDRESS

7. INSTITUTION EMPLOYED.....

8. SCHOOL ADDRESS.....

..... EMAIL ADDRESS.....

9. TELEPHONE/FAX CONTACT.....

10. NAME OF PRINCIPAL

11. REGION:

12. YEAR IN WHICH YOU BECAME A COUNSELLOR.....

13. QUALIFICATION:

14. INSTITUTION TRAINED:

15. IN WHAT AREA OF THE ORGANIZATION WOULD YOU LIKE TO BE INVOLVED IN THE NEXT TWO YEARS:

- | | | |
|--------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|
| <input type="radio"/> Educational & Professional Development | <input type="radio"/> International Relations | <input type="radio"/> Licensure & Certification |
| <input type="radio"/> Publication & Media Watch | <input type="radio"/> Dispute Resolution | <input type="radio"/> Finance & Fundraising |
| <input type="radio"/> Membership & Welfare | <input type="radio"/> Sports, Hospitality & Entertainment | <input type="radio"/> Conference Planning |
| <input type="radio"/> Negotiations | <input type="radio"/> Constitution & Code of Ethics | <input type="radio"/> Awards |
| | | <input type="radio"/> Sponsorship |

SIGNATURE OF MEMBER:

DATE: